PT/A-98

July 21, 1998

U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive, Ste. 400 Arlington, TX 76011-8064

ATTN: Licensing Branch

Dear Licensing Director:

I would like to amend Nelson Engineering's Nuclear License. Please change the Radiation Safety Officer from Robert Hammond to Pete Test. I am certified in the use of Nuclear gauges (see enclosed certificate) and have had several previous radiation safety courses. I understand a fee will be applied to this request. Please send billing inquiries to the above address, ATTN: Accounting.

If you have any questions or need further documentation regarding this matter, please feel free to call me at the above telephone number.

Please send NRC correspondence to:

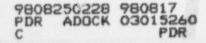
Pete B. Test Lab Manager/RSO P.O. Box 1599 Jackson, WY 83001

Sincerely,

Pete Test Lab Manager/RSO

Enc.

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|--|---|--|-----------------------|--|---|--|---|---|-----------------|---|
| 9- 1 8 90 (| | LICENSE FEE | REQUIREMENTS | | ATTN: RITA MESSIER 301-415-6067 U.S. Nuclear Regulatory Commission License Fee and Accounts Receivable Branch P. O. Box 954574 St. Louis, MO 63195-4514 | | | | | |
| | | | | TYPE OF ACTION | | TYPE OF ACTION | | | | |
| | | | | I NEW LICENSE | | ENSE | | | | |
| NELSON ENGINEERING ATTN: ACCOUNTING P. O. BOX 1599 JACKSON, WY 83001 H 196 350 | | | | | | | | | | |
| | | | | - | | | | | | |
| | | | | 43 REQUESTED DATE 36 07/21/1998 CC LICENSE NUMBER | | | | | | |
| | | | | | | | 49-19036-01 CONTROL NUMBER 466852 | | | |
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| | | | | II. FEE NOT REQUIRED | | | | | | |
| | | | | Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of 10 CFR Part 170. Payment of the fee is required prior to the issuance of the license, renewal, or | | | | | Check Number | Enclosed is your check which accompanied your request. The fee is not required because: |
| | | | | amendi | ment. | | | _ | Check | We received your check listed in |
| PEE | Party of the second statement of the second second statement of | | 250.00 | | Number | payment of the fee. | | | | |
| 3P | S S | \$ | s 350.00 | | Date of | The Licensing staff has informed | | | | |
| | s | s | \$ | | Request | us that your request is to be considered as a continuation of the | | | | |
| | \$ | \$ | \$ | | Control Number | request listed. | | | | |
| | \$ | s | \$ | | | | | | | |
| | 5 | \$ \$ | \$ \$ | _ | Date of | Your request was combined, prior | | | | |
| | 5 | 5 | s | | Request | to review, with the request listed. | | | | |
| | \$ | 5 | \$ | | Control Number | | | | | |
| | \$ | \$ | \$ | | | | | | | |
| | | PRIN BUP | \$ 350.00 | | III. CHECK F | Enclosed is your check which was | | | | |
| | | EE(s) DUE AYMENT RECEIVED | | · · · · · · · · · · · · · · · · · · · | Number | returned to us by the bank for: | | | | |
| | | MOUNT DUE | \$ 350.00 | | JFFICIENT FUNDS | | | | | |
| | | | | | | | | | | |
| Your request was received without the prescribed application fee. | | | | OTHER | | | | | | |
| | | | | | | | We received your check listed below. Payment of the additional fee noted above is required. | | | |
| \$Amount | | | | IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE | | | | | | |
| Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. | | | | License The listed license was issued | | | | | | |
| | Refer to Section | n 170.31 and Footnote | 1(d)(2). | | Numbe | r without the required fee being | | | | |
| Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a). | | | | Amendment collected. The fee required is Number noted in Section I of this form. Date Issued | | | | | | |
| MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM | | | | The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section 1 of this form Refer to Section 170.31 and Footnote 1(d)(2). | | | | | | |
| THE C | DATE LISTED B | ELOW, WE SHALL A | SSUME THAT YOU DO NOT | Because of remittance of | the urgency of your re of the prescribed fee n | quest, the license was issued without oted in Section 1 of this form. | | | | |
| | TURE - LICENSE | | | | | DATE | | | | |
| K | ta PILE RITA ME | SSIER | | (LEAVE BLANK | 0 | 07/31/1998 | | | | |

This form was designed using InForms

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| DATE INVOICE AMOUNT | 99-120 |
| NELSON ENGINEERING BOX 1599 JACKSON, WYOMING 83001 | 1023 |
| TELEPHONE: 307-733-2087 | 19636 |
| | |
| PAY three hundred fifty & icc DOLLARS | |
| CHECK NO. DESCRIPTION | CHECK AMOUNT |
| 8 8-7-48 US Nuclear Regulatory Comm 19636 license change Discount | 350 - |
| NELSON ENGINEERING | co. |
| THE JACKSON STATE BANK | |
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| SECURITY FEATURES MICRO PRINT BORDERS - COLORED BRICK PATTERN - WATERMARK & CARECH STRIP ON RE-EASE SIDE - MISSING FEATURE INDICATES A COPY | |
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